RI SOS Filing Number: 202037155720 Date: 4/2/2020 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2020 APR -2 P 3:19

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
001698590	**Eagle Eye Holding Company**

3. Principal Office Address	City	State	Zip
20 Walnut Street	**Jamestown**	**RI**	**02835**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541110	**Engaging in any lawful business**
5. State of Incorporation: **RI**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael A. Harrington	**Paul C. Harrington**
Street Address: **20 Walnut Street**	Street Address: **58 Cindy Lane**
City: **Jamestown** State: **RI** Zip: **02835**	City: **Cranston** State: **RI** Zip: **02921**
Secretary Name: **Paul C. Harrington**	Treasurer Name: **Michael A. Harrington**
Street Address: **58 Cindy Lane**	Street Address: **20 Walnut Street**
City: **Cranston** State: **RI** Zip: **02921**	City: **Jamestown** State: **RI** Zip: **02835**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Michael A. Harrington	**Paul C. Harrington**
Street Address: **20 Walnut Street**	Street Address: **58 Cindy Street**
City: **Jamestown** State: **RI** Zip: **02835**	City: **Cranston** State: **RI** Zip: **02921**
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**6,720**	**Common**	**No Par**

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Michael A. Harrington	3/25/2020

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
APR 2 2020
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

3:19